



10-25-02

CPA 13712  
RCB**CONTINUED PROSECUTION APPLICATION (CPA)  
REQUEST TRANSMITTAL**Submit an original and a duplicate for the fee processing.  
(Only for Continuation or Divisional applications under 37 CFR 1.53(d))CHECK BOX, if applicable  
☐ DUPLICATE

|  |  |                  |
|--|--|------------------|
| Address to:<br><br>Assistant Commissioner for Patents<br>Box CPA<br>Washington, DC 20231 | Attorney Docket No. Of Prior Application | ABBOTT           |
|  | First Named Inventor                     | THOMAS S. ABBOTT |
|  | Examiner Name                            | AARON J. CAPRON  |
|  | Group Art Unit                           | 3714             |
|  | Express Mail Label No.                   | EU695252581US    |

This is a request for a ☒ continuation or ☐ divisional application under 37 CFR 1.53(d),(continued prosecution application (CPA) of prior application number 09/663,661filed on 9/15/2000 entitled A REEL GAME REQUIRING SKILL TO WIN

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TECHNOLOGY CENTER R0700

1. ☐ Enter the unentered amendment previously filed on \_\_\_\_\_ under 37 CFR 1.116 in the prior provisional application.
2. ☒ A preliminary amendment is enclosed.
3. This application is filed by fewer than all the inventors named in the prior application, 37 CFR 1.53(d)(4).  
a. ☐ DELETE the following inventor(s) named in the prior nonprovisional application:  
\_\_\_\_\_  
b. ☐ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
4. ☐ A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
5. Information Disclosure Statement (IDS) is enclosed:  
a. ☐ PTO-1449  
b. ☐ Copies of IDS Citations

| CLAIMS | (1) FOR   | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE                      | (5) CALCULATIONS |
|--------|---|------------------|------------------|-------------------------------|------------------|
|        | TOTAL CLAIMS<br>(37 CFR 1.16(c) or (j))   | 35 -20* =        | 15               | x \$18.00 =                   | \$ 270.00        |
|        | INDEPENDENT CLAIMS<br>(37 CFR 1.16(b) or (i))   | 3 -3** =         | 0                | x \$_____ =                   |                  |
|        | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))  |                  |                  | + \$_____ =                   |                  |
|        |   |                  |                  | BASIC FEE<br>(37 CFR 1.16)    | \$ 740.00        |
|        |   |                  |                  | Total of above Calculations = | \$ 1,010.00      |
|        | Reduction by 50% for filing by small entity (Note 37 Cfr 1.27).   |                  |                  |                               | \$ 505.00        |
|        | * Reissue claims in excess of 20 and over original patent.<br>** Reissue independent claims over original patent. |                  |                  | TOTAL =                       | \$ 505.00        |

10/28/2002 AWONDAF1 00000032 09663661

01 FC:2006  
02 FC:2202370.00 OP  
135.00 OP

6. ☒ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. \_\_\_\_\_:
- a. ☐ Fees required under 37 CFR 1.16.
- b. ☐ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.
8. ☒ A check in the amount of \$ 505.00 is enclosed.
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of \_\_\_\_\_ months (not to exceed 3 months) and the fee under 37 CFR 1.17(I) is enclosed.
11. ☐ New Attorney Docket Number, if desired \_\_\_\_\_  
(prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.)
12. a. ☐ Receipt for Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☐ Other

**NOTE:** The prior application's correspondence address will carry over to this CPA  
UNLESS a new correspondence address is provided below.

**14. NEW CORRESPONDENCE ADDRESS**

☐ Customer Number or Bar Code Label

or ☐ New Correspondence address

(Insert Customer No. Or Attach bar code label here)

|         |  |           |  |          |  |
|---------|--|-----------|--|----------|--|
| NAME    |  |           |  |          |  |
| ADDRESS |  |           |  |          |  |
| CITY    |  | State     |  | Zip Code |  |
| COUNTRY |  | Telephone |  | Fax      |  |

**15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

|                                   |                         |
|-----------------------------------|-------------------------|
| Name (Print/Type)                 | Michael E. Mauney       |
| Signature                         | <i>Michael E Mauney</i> |
| Registration No. (Attorney/Agent) | 33,731                  |
| Date                              | 10/23/2002              |